

DEPARTMENT OF THE ARMY
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER
6900 Georgia Avenue, NW
Washington, DC 20307-5001

TX-3 Nursing Policy

26 July 2005

Management of Controlled Substances

1. Purpose: Provide guidance and minimum physical security standards for the safeguarding and maintenance of controlled medical substances.

2. Scope: This policy applies to all nursing personnel.

3. References:

- a. Army Regulation 40-3, Medical, Dental, and Veterinary Care, 12 November 2002.
- b. Army Regulation 40-61, Medical Logistics Policies and Procedures, 28 January 2005.
- c. Army Regulation 190-51, Security of Unclassified Army Property (Sensitive and Nonsensitive), 30 September 1993.
- d. MEDDAC/DENTAC Regulation 190-1, Command Key and Lock Control, 25 June 2003.
- e. Army Regulation 190-13, The Army Physical Security Program, 30 September 1993.
- f. WRAMC Supplement 1 to MEDCOM Regulation 190-6, U.S. Army Medical Command Crime Prevention Program, 14 July 1999.
- g. WRAMC Regulation 420-1, Key Control Procedures, 7 June 1999.

4. Procedure:

- a. General: Personnel assigned duties requiring unaccompanied access to controlled medical substances are carefully selected. Unaccompanied access to controlled medical substances will be denied until a satisfactory local file check is completed. Completion of a satisfactory local file check is a condition of employment.

This NPOL has been relabeled, previously labeled NPOL TX-6 and supersedes TX-6, dated 10 July 2002.

b. Local file check:

1) WRAMC staff: A local file check will be completed for all nurses administering controlled substances. The Deputy Commander for Nursing or her designee will initiate the request for a local file check (Appendix A). The Deputy Commander for Nursing or her designee will review the findings of the local file check and determine if the individual meets the requirements to have unaccompanied access to controlled substances. A memorandum (Appendix B) indicating that the individual has completed a satisfactory local file check and is authorized unaccompanied access to controlled substances will be provided to the employee, a copy to the immediate supervisor, and a copy to the document binder in the medication room or at the Automated Dispensing System (the Omnicell). The immediate supervisor will maintain the local file check report provided by the Provost Marshal. The employee has access to the local file check through the immediate supervisor.

2) Reserve Component Personnel: The NARMC Reserve Liaison Officer will coordinate local file checks on Reserve Component Personnel prior to arrival at WRAMC. Reserve Component Personnel will not be permitted unaccompanied access to controlled substances without a satisfactory local file check.

3) Local file check for Contract Personnel: The Contractor will be responsible for completing and providing documentation of a satisfactory local file check before contract personnel begin work at WRAMC. The Contracting Officer's Representative will serve as the point of contact for matters related to the local file check. A copy of the Contractor's documentation of a satisfactory local file check will be provided to the Head Nurses of all units where the nurse will work. This document will be included in the unit file and the individual's name will be added to the unit access roster.

4) Local file check for students/instructors: Students are not authorized unaccompanied access to controlled substances. Instructors will undergo the same local file check as other WRAMC staff.

5) Local file check for volunteers and personnel at WRAMC for sustainment training/refresher training or on the job training (OJT): No local file check is required. Unaccompanied access to controlled substances will not be permitted.

6) Unsatisfactory local file check: An individual with an unsatisfactory local file check will be informed by memorandum (Appendix B), through the immediate supervisor. The military member/civilian will utilize the Chain of Command and established military and civilian regulations and policies to address the findings of the Provost Marshal.

c. Access Roster: The names and duty positions of personnel authorized unaccompanied access to controlled medical substances will be listed on an access roster. A copy of the access roster will be posted in the medication room or at the Automated Dispensing System (the Omnicell).

1) Only individuals listed on the unit access roster will have access to controlled substances through the narcotic keys, controlled medication access level of the Automated Dispensing System (the Omnicell), Patient Controlled Analgesia (PCA) pumps and epidural pump locked boxes.

2) Keys will be inventoried when custody is transferred at change of shift.

3) Units with Omnicells perform a count of individual controlled substances each time the item is accessed. In addition, discrepancy reports will be checked and resolved prior to the end of each shift. A cycle count of all controlled substances will be conducted at least daily.

4) Units with standard, nonautomated medication cabinets will perform a change of shift inventory every shift. The registered nurse or licensed practical nurse who is completing the tour of duty will conduct a joint inventory with the registered nurse or licensed practical nurse who is beginning the tour of duty. Results are recorded on the Controlled Substances Inventory, DA Form 3949-1.

d. Narcotics Inventory: An individual assigned as the Disinterested Inventory Officer performs the monthly narcotic inventory. A copy of the Monthly Inventory and Audit of Controlled Substances is reviewed with the head nurse who responds to the findings. The head nurse maintains the reports in a secure file.

e. Required Documents: Proof of satisfactory local file checks, the access roster, monthly narcotics inventories, and a copy of AR 40-3, Appendix B, Inventory, Control, and Accountability of Controlled Substances are maintained on each unit.

f. Transfer of Controlled Substances between units:

1) When the main pharmacy vault is closed, the Nursing Supervisor on duty can authorize the transfer of a controlled substance between two patient care areas on a single-dose basis. Only the Department of Pharmacy will issue multiple doses of a controlled substance to a patient care area.

2) The Charge Nurse of the requesting area will notify the Nursing Supervisor and seek permission to transfer a single dose of the required medication. The supervisor contacts the donating activity to authorize transfer of the requested dose. No activity will transfer any controlled substance without prior authorization from the nursing supervisor.

3) A registered nurse of the requesting activity or the Nursing Supervisor/NCO will take the entire Controlled Substance Book (not just a loose DA Form 3949) to the activity making the transfer. A registered nurse of the transferring activity will supervise the posting of the transaction into the gaining activity's Controlled Substance Book. Registered nurses from both activities will sign the form to witness the transfer.

g. Documentation:

1) Each time a controlled substance is administered, record: the day, hour, patient's name, initial and last name of the health care provider who ordered the medication, the full signature of the individual administering the medication, and the amount of the substance administered. The amount expended will then be subtracted from the amount shown in the balance column and the new balance will be recorded in the balance column. All amounts will be recorded in Arabic numbers. In cases where the accountable unit is designated in milliliters (ml), any fractional amount used will be recorded as a decimal fraction.

2) In cases where the dose administered is a fraction of the accountable unit for the drug, the dose administered will be placed in parentheses before the number of units indicated in the expenditure column. For example, with morphine sulfate injection, 15 mg, a notation of (10mg) 1 would indicate that one 15 mg cartridge-needle unit had been expended but that only 10 mg was administered. Any medication not administered or wasted will be documented with two signatures, the signature of the individual administering the medication and a witness.

3) Accidental Destruction/Damage/Contamination: If a dose of a controlled substance is accidentally destroyed, damaged, or contaminated a record of the fact will be made on the DA Form 3949, including the date, amount of the drug, brief statement of the circumstances, the new balance, the signature of the person making the entry, and the signature of a second individual for verification.

h. Controlled Substance Discrepancy: If a narcotic discrepancy (incorrect count, loss of keys, etc.) occurs, the nursing supervisor will be contacted immediately. Personnel will not be released until the situation is resolved. The nursing supervisor will notify the Deputy Commander for Nursing, who notifies the Commander. The Commander will authorize notification of the Provost Marshal and CID as indicated.

//original signed//
JOAN P. EITZEN
COL, AN
Deputy Commander for Nursing

APPENDIX A

LOCAL FILE CHECK

MCHL-N

Date

MEMORANDUM THRU Intelligence and Security, DPC, Attn: MCAT-DPC (Ms Marva McCombs at 782-1129)

FOR Provost Marshal Office, Attn: Investigations Section

SUBJECT: Request for a Local File Check

1. Request a local file and civilian police check on the individual(s) listed below, IAW AR 190-51, paragraph 4-3. The listed individual(s) is/are required to have unaccompanied access to controlled medical substances and sensitive items storage areas.

Name:

SSN:

2. POC for this action is (Section OIC/NCOIC – full name and rank) at (Telephone number).

JOAN P. EITZEN
COL, AN
Deputy Commander for Nursing

APPENDIX B

LOCAL FILE CHECK RESULTS

MCHL-N

Date

MEMORANDUM FOR _____

SUBJECT: Satisfactory Local Files Check

1. On _____ a satisfactory Local Files Check was completed for _____, Social Security Number _____.
This person is now authorized unaccompanied access to Controlled Substances. This memorandum will be maintained on file in the medication room and this individual's name will be added to the Controlled Substances Access Roster.
2. This authorization is good for the length of this individual's employment/assignment at Walter Reed Army Medical Center unless it is specifically revoked.

JOAN P. EITZEN
COL, AN
Deputy Commander for Nursing

Copy to individual
Copy to Individual Competency File

MCHL-N

Date

MEMORANDUM FOR _____

SUBJECT: Unsatisfactory Local Files Check

1. On _____ an unsatisfactory Local Files Check was completed for _____, Social Security Number _____. This person is not authorized unaccompanied access to Controlled Substances. This memorandum will be maintained on file in the medication room.
2. Contact your immediate supervisor to address findings.

JOAN P. EITZEN
COL, AN
Deputy Commander for Nursing

Copy to individual
Copy to Individual Competency File